



CWU Payroll Department

Mitchell Hall



Payroll Deduction Authorization

I, the undersigned, authorize Central Washington University to deduct the amount of

(Check box)

- \$ _____ from my next regularly scheduled payroll check
- \$ _____ per paycheck, starting next scheduled payroll until \$ _____ is paid.
- \$ _____ paid in full. Payment enclosed.

NAME (print): _____ SID: _____

SIGNATURE: _____ DATE: _____

Please sign and return to Student Receivables, Barge Hall, Room 104, Mail Stop 7491

Processed by Student Financial Services

Name: _____ Ext: _____

Date: _____

Payment for: _____ Deduction Code: _____

Processed by Payroll

Name: _____ Payroll Date: _____

Verified: _____